

APPLICATION FOR CERTIFICATION

SOIL SCIENTIST



Department of Professional and Financial Regulation
Office of Licensing and Registration

BOARD OF CERTIFICATION FOR GEOLOGISTS AND SOIL SCIENTISTS

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8627
Hearing Impaired: 1-888-577-6690
Website: www.MaineProfessionalReg.org

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

Soil Scientist Certification

COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

- Application and payment for \$25.00
- College or University Transcript(s).
- Three professional references
- Two personal references

SOIL SCIENCE EXAMINATION – The examination consists of two parts:

PART I: FUNDAMENTALS OF SOIL SCIENCE EXAMINATION - Applicants can prepare for this examination by reviewing the Performance Objectives published as a booklet from the Soil Science Society of America's Council of Soil Science Examiners (CSSE). The State of Maine uses the Fundamentals examination as developed by the national CSSE. The Performance Objectives information can be obtained by requesting copies from the Board Office or on the CSSE worldwide web site <http://www.agronomy.org/csse/index.htm>.

Additional insight can be gained from the text, *The Nature and Properties of Soil* by Brady and Weil (11th Edition or more recent) published by Prentice Hall.

NOTE: Maine does not utilize the CSSE Professional Practice examination also listed on this web site, but rather the examination described below is used for the second part of the certification examination process.

PART II - SOIL SCIENCE SPECIALTY AREA EXAMINATION - By far the most commonly utilized examination is in Soil Taxonomy, Morphology, and Mapping. The purpose of this examination is to test applicant knowledge about the application of these disciplines to Maine. Applicants must be familiar with the latest version of the USDA, Natural Resource Conservation Service *Keys to Soil Taxonomy* available through the U.S. Superintendent of Documents, Mail Stop SSOP, Washington D.C. 20402-9328, and the Maine Association of Professional Soil Scientists *Guidelines for Maine Certified Soil Scientists for Soil Identification and Mapping* available from the Board Office.

EXAMINATION ADMINISTRATION - The examination is offered twice a year. The applicant can find out examination dates by contacting the Board Office or by accessing the CSSE web site.

Part I is administered in the morning and is graded by the CSSE. The passing grade for the Fundamentals examination is determined with each examination administration by the CSSE.

Part II is administered in the afternoon and is graded by the Board staff. The passing grade for the Specialty examination is 70%.

APPLICATION FOR CERTIFICATION AS A GEOLOGIST OR SOIL SCIENTIST

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
**BOARD OF CERTIFICATION FOR GEOLOGISTS AND
SOIL SCIENTISTS**
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8627 FAX: (207)624-8637
HEARING IMPAIRED 1-888-577-6690

Office Use Only

Ck # _____

Amount: _____

Cash #: _____

Exam Date: _____

Score: _____

4090 - 1446

APPLICATION FOR CERTIFICATION AS:

☐ GEOLOGIST

☐ SOIL SCIENTIST

Application Fee: \$25.00 (non-refundable)

PAYMENT OPTIONS:

☐

Check or Money Order Payable to "Treasurer State of Maine".

☐

Credit Card: MasterCard or VISA Only. Complete the following:

I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ Exp. Date ____/____/____ in the amount of \$_____. Signature_____

NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS. This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

SOCIAL SECURITY NUMBER. The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Name of applicant: _____

Contact Address: _____

City: _____

State: _____

Zip Code: _____

Business Name and Address: _____

City: _____

State: _____

Zip Code: _____

County: _____

County: _____

Home Telephone: (____)____-____

Work Telephone: (____)____-____

Social Security Number: _____

Date of Birth: ____/____/____

Sex: ☐ Male ☐ Female

Have you ever been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No
If yes, please list date(s), crime(s) and submit a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction.

Have you ever had an application for registration, certification or license denied, suspended or revoked? ☐ Yes ☐ No

If yes, give dates, by whom and reason for denial.

List other professional registrations and licenses that you hold from a governmental body in or out of the State of Maine.
DO NOT include certification by a technical, scientific, or any other non-governmental body.

TYPE OF LICENSE	CERT NO.	ISSUING AGENCY	DATE ISSUED

College or University: (Specify credits in geology or soil science in semester or quarter hours.)

NAME AND LOCATION	ATTENDANCE FROM TO		MAJOR	CREDITS	DEGREE	DATE REC'D

PROFESSIONAL EXPERIENCE: List present employer first. List detail on the Experience Data Sheets provided. List Supervisor's Address on additional Data Sheet if different than Employer. Complete Experience Data Sheet for each entry.

NO. OF YEARS FROM TO		TOTAL TIME	NAME OF EMPLOYER	ADDRESS	SUPERVISOR

PROFESSIONAL AFFILIATIONS

ORGANIZATION	GRADE OF MEMBERSHIP OR OFFICE HELD

List the names of three professionals, preferably registered, that are familiar with your work as a geologist or soil scientist.

NAME	ADDRESS	TELEPHONE

REFERENCES. Give the names of two persons (not professionals) who can attest to your character and business integrity.

NAME	ADDRESS	TELEPHONE

ADDITIONAL DATA (attach additional sheet if necessary)

I understand that I may be required to supply additional data if requested by the Board. _____initials

I, _____, hereby certify that the information contained on this application and attached Experience Data Sheets is true and correct to the best of my knowledge.

Signature of Applicant

Date _____

State of _____)

County of _____)

Subscribe and Sworn to before me this

_____ day of _____, _____

Notary Public

My Commission Expires:

EXPERIENCE DATA SHEET

(Photocopy as Needed)

EXPERIENCE Data Sheet _____ of _____

Your Name _____

List experience in the order shown on the Application. Be brief but supply pertinent facts concerning the degree of responsibility and nature of the geological or pedological decision you have made. Additional sheets may be used if necessary.

DATES		EMPLOYER	TEL:
FROM	TO	ADDRESS	
		SUPERVISOR	TEL:
		ADDRESS	

DATES		EMPLOYER	TEL:
FROM	TO	ADDRESS	
		SUPERVISOR	TEL:
		ADDRESS	

MAINE
BOARD OF CERTIFICATION FOR GEOLOGISTS AND SOIL SCIENTISTS
PROFESSIONAL REFERENCE FORM
(Photocopy as Needed)

APPLICANT _____

ADDRESS _____

I have personal knowledge of this applicant's work from _____ to _____

My relationship with this applicant has been that of:

Employer ☐

Supervisor ☐

Co-Worker ☐

Other (Explain) ☐

	EXCELLENT	GOOD	POOR	DO NOT KNOW
Character – Personal Reputation				
Quality of Professional Work				
Application of Technical Knowledge				
Professional Attitude – interest, initiative				

I have personal knowledge of applicant's experience in a responsible position.
(NO NOT LIST SUB-PROFESSIONAL WORK)

Dates From To		TOTAL Months	Employer

Approximate percent of time in Responsible Position as a Geologist or Soil Scientist _____
%

Project, Description of Work, and Comments _____

Dates From To		TOTAL Months	Employer

Approximate percent of time in Responsible Position as a Geologist or Soil Scientist _____
%

Project, Description of Work, and Comments _____

Do you consider this applicant to be qualified for registration as a geologist or soil scientist? ☐ Yes ☐ No

ADDITIONAL REMARKS OR COMMENTS: _____

	SIGNATURE	_____
REGISTRATION NO. _____	PRESENT POSITION	_____
STATE _____	EMPLOYER	_____



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
**Board of Certification for Geologists and
Soil Scientists**

35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(207) 624-8563 (HEARING IMPAIRED)

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

Pursuant to 32 M.R.S.A. § 4909(2-A)(A), in order to qualify to sit for the examination for certification an applicant must be a graduate of an approved 4-year college curriculum leading to a Baccalaureate Degree, in which the applicant has successfully completed a minimum of 15 credit hours of soil courses.

Please list separately all courses and credits received in the area of geology below and submit this form when filing your application with our office.

SOIL SCIENCE COURSE NAME	CREDITS
TOTAL	

Please list any soil related courses below. Pursuant to 32 M.R.S.A. §4909 (2-A)(A), soil related courses will amount to only 20% of the required 15 credits for a maximum of 3 credits.

SOIL RELATED COURSE	CREDITS



PRINTED ON RECYCLED PAPER

PHONE: (207)624-8627
(Office Phone)

FAX: (207)624-8637

(207)624-8653 (HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE

ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name:		
Mailing Address:		
City:	State:	Zip Code:
Social Security # _ _ _ - _ - _ - _	Telephone #: (_ _) _ _ - _ _	

ACCOMMODATIONS REQUESTED FOR THE _____ EXAMINATION.

(CHECK ALL THAT APPLY)

- ☐ ACCESSIBLE TESTING SITE
- ☐ SEPARATE TESTING AREA
- ☐ BRAILLE
- ☐ LARGE PRINT
- ☐ TAPE
- ☐ READER AS ACCOMMODATION FOR VISUAL IMPAIRMENT
- ☐ SCRIBE/AMANUENSIS AS ACCOMMODATION FOR VISUAL OR MOTOR IMPAIRMENT
- ☐ READER AS ACCOMMODATION FOR LEARNING DISABILITY
- ☐ SCRIBE/ANANUESIS AS ACCOMMODATION FOR LEARNING DISABILITY
- ☐ SIGN LANGUAGE INTERPRETER
- ☐ EXTENDED TIME
- ☐ TIME-AND-A-HALF
- ☐ DOUBLE TIME
- ☐ MORE THAN DOUBLE TIME(SPECIFY): _____
- ☐ USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT
(SPECIFY): _____
- ☐ OTHER _____

COMMENTS: _____

SIGNED: _____ DATE: _____

SOME ACCOMMODATION REQUESTS MAY REQUIRE ADDITIONAL DOCUMENTATION
(see reverse side)

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known _____ since _____ in my capacity as a
(test applicant) (date)

(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply)

- ☐ TAPED TEST
- ☐ LARGE PRINT TEST
- ☐ READER
- ☐ SCRIBE/AMANUENSIS
- ☐ EXTENDED TIME:
- ☐ TIME-AND-A-HALF
- ☐ DOUBLE TIME
- ☐ MORE THAN DOUBLE TIME (PLEASE JUSTIFY)
- ☐ SEPARATE TESTING AREA
- ☐ USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT (PLEASE SPECIFY): _____

OTHER (PLEASE SPECIFY): _____

SIGNED: _____ TITLE: _____

DATE: _____ LICENSE # (if applicable): _____